[Date]

[Recipient Name]
[Recipient Company Name]
[Recipient Address]
[City, State, Zip Code]

RE: Confirmation of Additional Insured Status - Blanket Endorsement

Dear [Recipient Name],

This letter serves to confirm that [Entity Name] is recognized as an Additional Insured under the insurance policy held by [Insured Party Name].

Policy Details:

- **Policy Number:** [Policy Number]
- **Insurance Carrier:** [Insurance Company Name]
- **Policy Period:** [Start Date] to [End Date]

Coverage is extended via a Blanket Additional Insured Endorsement. Under this provision, Additional Insured status is automatically granted when required by a written contract or agreement executed prior to a loss. The coverage provided is limited to the terms, conditions, and exclusions set forth in the master policy.

An updated Certificate of Liability Insurance (COI) is attached for your records. This confirmation remains valid as long as the underlying contract between [Insured Party Name] and [Entity Name] is in effect and the insurance policy remains active.

Should you require further documentation or have questions regarding coverage limits, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Name of Sender/Agent]
[Title]
[Agency/Company Name]